Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: Address: <u>OF</u> Wemans 34 <u>Detersions</u> 1111 Para Co. Case #: County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding Open - No Structure Dumpsite (only) e Venicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): _____ Frammable Solvents: Veh.cle Water Reactive Metal (Lithium): Veh. Le Anhydrous Ammonia: While Hydrochloric Acid Gas Generator(s): _____ Peorrosive Acid: Jahale Corrosive Base: Other (item and location):_____ Child under age 18 discovered (check one) Investigative Information Yes (number present) Ephedrine/Pseudoephedrine Tracking Log 110 Retail/Merchant Tip "If yes, fax report to Child Protective Services Other:_ This report is to be faxed to the following agencies that serve the location; Fire Department: ___ (Le lecislaries Health Department: 🕦 😉 📞 Fax: __ Child Protection Service: For further information regarding this methamphetamine laboratory, contact Investigating Officer: Ryan Johnson Phone Bi2 867 2079

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.